



- ☐ ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS
☐ ARIZONA BOARD OF ATHLETIC TRAINING

4205 N. 7th Avenue, Suite 305
Phoenix, Arizona 85013
(602) 589-8352
FAX: (602) 589-8354

COMPLAINT FORM

COMPLAINANT INFORMATION (PERSON FILING COMPLAINT):

Name					
Mailing Address					
City		State		Zip Code	
Phone number where you can be contacted					

YOUR COMPLAINT IS FILED AGAINST (RESPONDENT)

Respondent Name					
Respondent Address					
City		State		Zip Code	
Respondent Phone Number					

COMPLAINT FACTS:

Be sure to include complaint facts including: dates, times and locations of incidence; statements made; and any behaviors which were observed. (You may attach a letter if additional space is needed.)

WITNESS INFORMATION:

Be sure to include witness names, addresses and telephone numbers, and statements regarding the reported incident. Use additional sheets of paper if necessary.

SUPPORTING DOCUMENTATION:

Please include copies of relevant supporting documentation such as notes, incident reports, memos, written statements, etc.

NOTE: Please be advised that the applicant/licensee may be furnished a copy of the complaint. However, if the disclosure of your name will pose a risk to you, a copy of the complaint with redacted ID information may be provided. If in the Board's discretion, there is a risk of identification, the Board reserves the right to refuse furnishing a copy of the complaint.

I hereby state that all information which I have given herein is true and correct to the best of my knowledge.

Signature		Date
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Title II of the Americans with disabilities Act prohibits the discriminating on the basis of disability in its complaint process. Individuals with disabilities who need this information in an alternate format or who require an accommodation to file a complaint may contact the Board Office to make their needs known.